

## APPLICATION FOR FOOD ESTABLISHMENT PERMIT

(Please type or print in blue or black ink)

<b>ESTABLISHMENT NAME (dba)</b>		<b>PERMIT NO.</b> (OFFICIAL USE ONLY)	
<b>ESTABLISHMENT LOCATION ADDRESS</b>  STREET: ..... CITY: ZIP CODE:		<b>EXPIRATION DATE</b> (OFFICIAL USE ONLY)	
<b>OWNER NAME(s)</b>		<b>ESTABLISHMENT PHONE #</b>	
<b>MAILING ADDRESS (If different from above)</b> ATTN OR C/O: ..... STREET: ..... CITY: STATE: ZIP CODE:			
<b>DUE BY:</b>	(OFFICIAL USE ONLY) <b>FEE AMOUNT: (CIRCLE ONE)     \$150     \$100     \$50     N     R     T</b> <b>NON-REFUNDABLE</b>		
MAKE CHECK PAYABLE TO: <b>STATE OF HAWAII</b> (BANK ACCOUNT NAME AND ADDRESS MUST BE ON CHECK)  PROVIDE ON THE CHECK THE SOCIAL SECURITY NUMBER FOR SOLE PROPRIETORSHIP OR THE FEDERAL EMPLOYEE IDENTIFICATION NUMBER FOR OTHER BUSINESS, PARTNERSHIP, OR CORPORATION.  SUBMIT APPLICATION AND FEE TO: <b>SANITATION BRANCH 591 ALA MOANA BLVD. HONOLULU, HI 96813</b>  THERE WILL BE A SERVICE FEE OF \$15.00 AND INTEREST FOR ANY CHECK DISHONORED BY THE BANK.			
I UNDERSTAND THAT THE ISSUANCE OF THE FOOD ESTABLISHMENT PERMIT IS CONTINGENT UPON COMPLIANCE WITH THE SANITARY REQUIREMENTS OF HAWAII ADMINISTRATIVE RULES, TITLE 11, CHAPTER 12, AND THE PERMIT AFTER ISSUANCE, MAY BE REVOKED OR SUSPENDED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE CHAPTER.			
DATE		SIGNATURE OF APPLICANT	
TITLE OF APPLICANT		PRINT NAME OF APPLICANT	

### SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY

SANDISTRICT	EST TYPE			ZONE	SECTION	PLAT	PARCEL	INACTIVE	
								DATE:	
LAST INSPECTION DATE - R				TRANSFER PERMIT NO.				BY:	
CIRCLE APPLICABLE OPERATIONS: 1) RECEIVING                      3) HOT STORAGE                      5) TRANSPORTATION                      7) REHEATING 2) COLD STORAGE                      4) THERMAL PROCESSING                      6) COOLING                      8) DISPLAY									
FEE PAID	DATE PAID	METHOD OF PAYMENT				RECEIPT NO.	RECEIVED BY		
APPROVED							SU     DI		
DATE	SIGNATURE OF AGENT/DEPT. OF HEALTH				R.S. LIC. NO.	CHECKED			